ELECTION CYCLE	83	46	COLUMN TO SERVICE STATE OF THE PARTY OF THE			S	Delbert Hosemann ECRETARY OF STA
		Politic	al Com	ittee		20	
RE	PORT OF R	ECEE 20個	TSIANIB Nudicial	DISBURS lection	EMENT	DE	CEIVE
Name of Committee <i>THE</i> €	Committee to	Re.Elect	John A	Harcha Chan	ceey Judge	A	OCT 2 6 2010
Address III W. CIAYT	ON St P.D.	Box 1	BAldnyn,	MS 388	24	- Se	impaign Finance ocretary of State
Telephone <u>662-365-</u>	1220	Fax	662 36	5-1252		-	PARESPAND
Treasurer John O. Hay	NES SA	Em	iall Jhaywes	@ Fmb con	h		
	ve is different from p	revious te	port	PEP∩RT			Mandat
May 10, 2010 Period	He Report (Janua	4 2040	through May	31 2010\			Mandati
June 10, 2010 Perio	dic Report (May	1, 2010,	Chough May	on, 2010/2011		7.5	Mandato
July 9, 2010 Periodi	c Report (June 1	I, 2010, tr	nrough June a	30, 2010)		**** *** *****	Mandato
October 10, 2009 Pe	eriodic Report (uly 1, 201	10, through S	eptember 30, 2	2010)	. ,	
	e-Election Repo	rt (Octob	er 1, 2010, th	rough October	23, 2010).	/4 *** / / / *** /	Mandato
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SEND TO: 1. Candidates for Statewide. State district, mutil-county and all legislative offices about return form to Secretary of State, Elections Division, P. C. Box 135. Jackson, MS 39205 or fax to 501-359-1499 or 501-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

	Page of
Name of Candidate or Committee The Consuttee	to Re- Elect John A. Harden Chancery Indge U.C.
Reporting period October 1, 2010	through _Octobes 23, 2010

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Community Development Foundation Mailing Address		\$ -0-
Mailing Address P.D. Box A City, State, Zip Code		s
Tupelo, MS 3880Z Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 250.00
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/_	s
City, State, Zip Code	_'_'_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
City, State, Zip Code		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_'	S
City, State, Zip Code	_/_/_	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_'_'_	S
City, State, Zip Code		5
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/_	S
City, State, Zip Code	_/_/_	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S